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Bib Data Sheet

|   |   |                                    |   |                                       |                                |
|---|---|------------------------------------|---|---------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/636,123  | <b>FILING DATE</b><br>08/10/2000<br><b>RULE</b> -   | <b>CLASS</b><br>604                | <b>GROUP ART UNIT</b><br>3762   | <b>ATTORNEY DOCKET NO.</b><br>2565/76 |                                |
| <b>APPLICANTS</b><br>Wolfgang Biesel, Ottweiler, GERMANY;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br>GERMANY 199 38 287.5 08/12/1999 <i>MB</i>   |   |                                    |   |                                       |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/27/2000</b>  |   |                                    |   |                                       |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <i>[Signature]</i> 12/14/03<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWING</b><br>1  | <b>TOTAL CLAIMS</b><br>18 <i>6</i>    | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>Richard L. Mayer, Esq.<br>KENYON & KENYON<br>One Broadway<br>New York, NY 10004   |   |                                    |   |                                       |                                |
| <b>TITLE</b><br>Device and method for autologous blood transfusion  |   |                                    |   |                                       |                                |
| <b>FILING FEE RECEIVED</b><br>820   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                       |                                |